



MISSISSIPPI TIDELANDS TRUST FUND PROGRAM

Request for Funding FY2007 (Form TTF-2, Page 1 of 1)

APPLICATION SUMMARY

Title of Project: _____

Requesting Agency: _____

Funding Requested: _____

Official Use Only

Project No. _____

Submittal No. _____

Instructions - Applicant: Summarize your Tidelands Application below. Give additional detail from TTF-1 Section 7 and include how the project will meet the requirements of the Public Trust Tidelands Act and the potential benefits that would be derived from receipt of Tidelands Trust Funds.



MISSISSIPPI TIDELANDS TRUST FUND PROGRAM

Request for Funding FY2007 (Form TTF-1, Page 1 of 2)

Official Use Only

Project No. _____

Submittal No. _____

Application Type (Check one) _____ Public Access Project _____ Management Project

¹ Title of Project (Indicate phase): ^{1.1} Location of Project:	² Requesting Agency: ^{2.1} Date of Request:	³ Funding Requested: \$ _____ ^{3.1} Matching Funds: \$ _____ (excludes previous funding through the Tidelands Trust Fund)	^{3.2} Source of Matching Funds: _____ _____ _____	^{3.3} Total project Funds: \$ _____
⁴ Requesting Agency Representative: ^{4.1} Phone: ^{4.2} Fax: ^{4.3} Address: E-mail Address:		⁵ Project Manager: ^{5.1} Phone: ^{5.2} Fax: ^{5.3} Address: E-mail Address:		⁶ Applicant Priority: ¹ st _____ ² nd _____ ³ rd _____ Other _____
⁷ Project Description/Overview:				
⁸ Project Goals/Objectives:		⁹ Project Benefits:		
¹⁰ Summary of Project Tasks:		¹¹ Project Timetable/Milestones: ^{11.1} If this project has been funded previously through Tidelands Trust Fund indicate which fiscal years. _____		

(Attach additional sheets if necessary. Total packet should not exceed 5 pages.)

2/2004



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Request for Funding FY2007 (Form TTF-1, Page 2 of 2)

¹ Title of Project:	² Requesting Agency:	³ Amount Requested:	⁵ Project Manager:
¹² Categorize the benefits listed in #9 (more than one may apply): <input type="checkbox"/> Environmental <input type="checkbox"/> Economic <input type="checkbox"/> Safety <input type="checkbox"/> Public <input type="checkbox"/> Other (Identify) _____ _____ _____	¹³ Project Category (more than one may apply): <input type="checkbox"/> Conservation <input type="checkbox"/> Reclamation <input type="checkbox"/> Preservation <input type="checkbox"/> Acquisition <input type="checkbox"/> Education <input type="checkbox"/> Public Access <input type="checkbox"/> Public Improvement <input type="checkbox"/> Other (Identify) _____ _____	¹⁴ Have other State or Federal funding sources been identified for the project? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: _____ _____ _____	¹⁵ Current status of Architectural/ Engineering plans & specifications for this project (if applicable): (Check one from each group) Grp 1. <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Ready to Bid <input type="checkbox"/> Other (Identify) Grp 2. <input type="checkbox"/> Paid For <input type="checkbox"/> Funds Budgeted <input type="checkbox"/> Funds Not Budgeted
¹⁶ Identify the constituency or interest group(s) which this project will serve:	¹⁷ Identify the service that this project will provide to the group identified in #16.	¹⁸ Will this project enhance an existing water-dependent activity? Identify the activity.	¹⁹ Project Priority: <input type="checkbox"/> Immediate/short-term <input type="checkbox"/> Deferred/long-term
²⁰ In what way does this project meet the goals and objectives of the Mississippi Coastal Program?		²¹ Does this project coordinate with other existing or planned projects? Identify the project(s).	
²² Will this project involve impacting, filling, or dredging coastal wetlands? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what acreage:		²³ Attach project schematics or drawings as appropriate.	²⁴ Signature of Requesting Agency Representative: _____ (Please use blue ink)

(Attach additional sheets if necessary. Total packet should not exceed 5 pages.)

2/2004